

## Montana Medicaid - Fee Schedule Nutrition

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

# **Montana Medicaid - Fee Schedule** **Nutrition**

<b>Proc</b>	<b>Modifier</b>	<b>Description</b>	<b>Effective</b>	<b>Method</b>	<b>Fee</b>	<b>PA</b>
G0108		DIAB MANAGE TRN PER INDIV	7/1/2002	FEE SCHED	\$19.22	
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2002	FEE SCHED	\$11.30	
G0270		MNT SUBS TX FOR CHANGE DX	1/1/2003	FEE SCHED	\$13.37	
G0271		GROUP MNT 2 OR MORE 30 MINS	1/1/2003	FEE SCHED	\$5.26	
S0302		COMPLETED EPSDT	1/1/2003	FEE SCHED	\$30.57	
97802		MEDICAL NUTRITION INDIV IN	1/1/2003	FEE SCHED	\$6.41	
97803		MED NUTRITION INDIV SUBSEQ	1/1/2003	FEE SCHED	\$6.41	
97804		MEDICAL NUTRITION GROUP	1/1/2003	FEE SCHED	\$6.41	